

IN UNITED STATES <input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		LOCATION NUMBER
IN THE CASE OF		
U. S. V.S. <u>Ramon</u>	FOR	
<u>Paulino - Polanco</u>	AT	
PERSON REPRESENTED (Show your full name)	1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	DOCKET NUMBERS <u>2004 MJ 0521 RBC</u> Magistrate District Court Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>worked at hot-dog stand</u> IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____											
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <u>no on advice of counsel</u> <u>answer -</u>											
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____											
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%;"> <thead> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			VALUE	DESCRIPTION							
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DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them										
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		<u>none</u>										
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.								
	<u>none</u>			\$ _____	\$ _____								

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

OCT 22 2004SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)X Ramon Hernan Paulino